

Application No. (if known): 10/800,946

Attorney Docket No.: NEB-183-CIP



Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EB 041998864 US in an envelope addressed to:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on June 7, 2007
Date

Signature

Leslie Goldberg

Typed or printed name of person signing Certificate

37,008

Registration Number, if applicable

(978) 380-7373

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

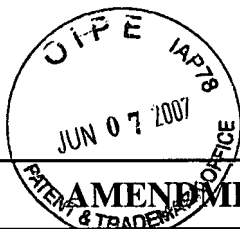
Amendment

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Amendment Transmittal (1 page)

Notice of Appeal (1 page)

12 sheets formal drawings



AMENDMENT TRANSMITTAL LETTER				Docket No. NEB-183-CIP	
Application No. 10/800,946-Conf. #2242		Filing Date March 15, 2004		Examiner D. M. Ramirez	
				Art Unit 1652	
Applicant(s): James Samuelson et al.					
Invention: Methods for altering the cleavage specificity of a type IIG restriction endonuclease					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 34 =		x	
Independent Claims	2	- 5 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Notice of appeal					760.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					760.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>14-0740</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>760.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>14-0740</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Harriet Strimpel</u> Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008 NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938 (978) 380-7373				Dated: <u>June 7, 2007</u>	
Express Mail Label No. EB 041998864 US Dated: <u>6/7/07</u>					